



BIRTHDAY PARTY GUEST WAIVER FORM

I, the undersigned, hereby acknowledge that I am aware of the nature of this activity.

I am voluntarily participating in this activity at Movement Family Martial Arts and I hereby consent to hold Movement Family Martial Arts free from any and all liability, claims and other actions whatsoever, arising from this activity at Movement Family Martial Arts.

I further agree to release Movement Family Martial Arts and its employees, members, or agents from any liability for any loss or theft of personal property.

In the event of any illness, or other condition, which would require immediate medical assistance,

I hereby consent to allow Movement Family Martial Arts and its employees, members, or agents to take such actions as necessary to contract and provide emergency and medical assistance. I hereby consent to assume all financial responsibility for such medical assistance. I have carefully read this waiver and release agreement and fully understand it is a release of any and all liability, claims, and other actions whatsoever. I also understand that failure to sign this waiver and release agreement will prevent me from participating in this activity.

Childs Name Attending

Age

Your Signature

Cell Phone

Date

Please Print, Sign And Bring To Party